UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.14
22 November 1995
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 5 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Senegal

SUMMARY

The Executive Director presents the country programme strategy note for Senegal for a programme of cooperation for the period 1997 to 2001.

The situation of children and women in Senegal continues to be subject to numerous constraints. The purpose of the 1997-2001 programme will be to help ensure the survival, protection and development of children and women and to improve their living conditions and welfare. In order to do so, it will contribute to achieving the following main objectives: (a) reducing the infant, under-five and maternal mortality rates; (b) reducing the incidence of child malnutrition; (c) facilitating access to drinking water and sanitation; (d) reducing the incidence of water-borne diseases; (e) improving basic education; (f) improving child welfare; (g) changing behaviour and attitudes inimical to survival; and (h) improving the data bank on the situation of children and women.

The programme will use four main strategies: (a) provision of services; (b) strengthening of capacities; (c) empowerment through effective community participation; and (d) advocacy. The four complementary strategies will be: (a) balanced geographical coverage; (b) support for decentralization; (c) pursuit of synergy among sectoral programmes; and (d) strengthening of the partnership system. The pursuit of balance will be a main characteristic of the use of these strategies.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Although the infant mortality rate (IMR) and the infant-child mortality rate dropped during the period 1983-1990 in Senegal, they have remained high (68 and 131 per 1,000 live births respectively in 1992 and 1993). Malaria, diarrhoeal diseases, acute respiratory infections (ARIs) and the target diseases of the expanded programme on immunization (EPI) are the main causes of child mortality. Although rates of immunization coverage have evolved in a positive sense, they vary according to the antigens and, generally speaking, remain below mid-decade objectives. The very high maternal mortality rate (510 per 100,000 live births) is often a direct consequence of haemorrhages, infections, hypertension and eclampsia as well as malaria, hepatitis and heart disease. Early marriage, a poor system of prenatal monitoring and low numbers of assisted births are also among the underlying causes of maternal mortality. Acquired immunodeficiency syndrome (AIDS) is spreading rapidly and increasingly affects women and girls.

2. In urban areas, only 30 per cent of households have a house connection for water, 35 per cent use public stand posts and 35 per cent use other water sources that are frequently polluted. Only 26 per cent of rural households have access to drinking water.

3. Gross school-enrolment ratios have been declining for several years because of the high rate of population growth and inadequate or inappropriate infrastructures and human resources. The 53 per cent rate conceals considerable disparities between girls (48 per cent) and boys (68 per cent). Similarly, 82 per cent of women are illiterate compared with 63 per cent of men.

4. It is estimated that 180,000 children (boys for the most part), including some groups of child beggars (talabah), working children (particularly servant girls and apprentices) and street children, are living in especially difficult circumstances. This phenomenon is due both to the pressure of the economically difficult family environment and to social and cultural traditions. Attitudes and practices which adversely affect the survival and development of children and women (food taboos, excision, early marriage and an unequal distribution of work) are still current among the various population groups. The Government gives high priority to developing programmes to improve the situation, but national planning, follow-up and evaluation capacities are still limited.

LESSONS LEARNED FROM PAST COOPERATION

5. The programme has contributed in a large measure to the ongoing progress towards the objectives established by the Government in respect of the recommendations of the World Summit for Children, and in particular to a better knowledge of the main problems affecting children in Senegal and their solution. Progress has, however, been limited by (a) the slowness of change in behaviour and attitudes; (b) a weak follow-up and monitoring system; (c) currently inadequate training; (d) the weak links between the various sectoral programmes; and (e) the widespread non-availability of basic social infrastructures like health, water or education.

6. The mid-term review and the evaluations made have enabled useful lessons to be learned for the future in that they have shown the need to consolidate the gains made by continuing (a) to ensure consonance with the objectives of the national programme of action for children as was the case with the 1992-1996 programme; (b) to ensure that political commitment is maintained at the highest State level; (c) to strengthen community participation at all stages of the planning and management of programme activities; (d) to continue to strengthen national capacities; and (e) to reinforce the role of the media and of person-to-person communication in mobilizing development partners. Past cooperation has also shown the need (a) for better defining and quantifying the aims of social mobilization, training and supervision in order to facilitate assessment of the impact of those activities; (b) for a wider dissemination of the results of the studies and evaluations among decision makers and communities, and for taking them into account in drawing up the programme; (c) for a more efficient implementation of child welfare legislation; (d) for giving greater importance to women's situation, status and role and for strengthening women's activities; (e) for better integrating environmental concerns into the action envisaged; (f) for further rationalizing the choice of the areas for intervention; (g) for implementing an integrated follow-up and evaluation plan; and (i) for strengthening the participation of national and international non-governmental organizations (NGOs) in these activities.

PROPOSED COUNTRY PROGRAMME STRATEGY

7. The proposed programme, which was designed in close collaboration with all the Government's partners, is in keeping with the Government's priorities regarding (a) the survival and development of the child as defined by the World Summit for Children and specified in the national programme of action; (b) the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (c) the conclusions and recommendations of the recent international conferences. The priority problems identified from the analysis of the situation constitute the programme's basis for action. However, because of limited resources and the fact that assistance has already been assured by other partners, certain problems, although regarded as important (such as birth spacing, the onchocerciasis campaign and the protection of orphans), will not benefit from direct programme support.

8. The overall objective is to contribute to the goals of survival, protection and development and to improve the living conditions of children and women, in order to (a) reduce the infant mortality rate (IMR) and the under-five and maternal mortality rates; (b) reduce the incidence of child malnutrition; (c) facilitate access to drinking water and sanitation; (d) reduce the incidence of water-borne diseases; (e) improve basic education; (f) improve child welfare; (g) change harmful behaviour and attitudes; and (h) improve the data bank on the situation of children and women.

9. The programme will be based on four main overall strategies, supported by complementary strategies: (a) provision of services, in order to help make high-quality basic services available to the population by contributing materials, equipment and logistic support; (b) strengthening of national capacities to plan and manage social services, particularly through technical

and practical training; (c) local empowerment, through the effective participation of communities, particularly of women through women's groups, and of youth associations; and (d) advocacy. The importance of each strategy will be determined by the particular objectives of the sectoral programmes. The final objective is to achieve sustainable actions, thanks to the increasingly effective role of communities and planners, emphasizing strategies for strengthening national capacities and for empowerment. However, support for the provision of services will remain indispensable, because coverage is still restricted to basic services.

10. The four complementary strategies are: (a) balanced geographical coverage through national execution of certain programmes (expanded programme on immunization (EPI), formal education) and local implementation for others (water and sanitation, environment), and through the selection of "zones of concentration" in rural and urban areas. This selection will be made on the basis of the urgency of the problem, its impact, the cost-effectiveness of the activities, the synergy between sectoral programmes and the degree of poverty of the communities; (b) support for decentralization, to facilitate improved balance among the central, intermediate and peripheral levels; (c) pursuit of synergy through systematized complementarity between the actions of the different sectoral programmes and those supported by other development partners; (d) strengthening of partnership with new actors such as mayors, religious leaders, the armed forces and non-governmental organizations; and (e) more regular follow-up of programme implementation, through the planning, follow-up and evaluation programme.

11. The health and nutrition programme has the following objectives: (a) to eradicate neonatal tetanus and poliomyelitis; (b) to reduce by 90 per cent the number of deaths from measles; (c) to reduce by 30 per cent the number of deaths due to acute respiratory infections (ARI) and malaria; (d) to reduce by 50 per cent the number of deaths caused by diarrhoea; (e) to reduce the rate of low birth-weight babies to less than 10 per cent; and (f) to contain the spread of sexually transmitted diseases, particularly AIDS. The programme's main strategies are: (a) strengthening of national capacities at all levels; (b) support for the provision of services; (c) promotion of community participation; and (d) social mobilization.

12. The water supply and sanitation programme has the following objectives: (a) to provide access to drinking water and sanitation systems for 700,000 persons (20 per cent of those who do not currently have them) and to improve their hygiene; (b) to reduce by 50 per cent the incidence of bilharziasis; (c) to prevent environmental damage; (d) to improve attitudes and behaviour towards water, sanitation and the environment. The programme's specific strategies are: (a) promotion and expansion of the use of simple, low-cost technology; (b) involvement of local groups, particularly women's groups, in management; (c) strengthening partnership between service providers and users, to facilitate the management and maintenance of infrastructures and ensure continuity.

13. The education programme will contribute to the attainment of the following objectives: (a) raising school enrolment to 75 per cent, and to 52 per cent for girls; (b) halving the educational disparities and inequalities between urban

and rural areas, as well as intra-urban disparities; (c) improving the quality of education, and thereby matching school curricula to the country's socio-economic realities; and (d) contributing to the reduction of illiteracy rates. The programme's main strategies are: (a) support for educational reforms; (b) development of teaching materials; (c) participation of teachers, parents and pupils in school management; (d) dissemination of information to decision makers, elected representatives and communities, and encouraging their social mobilization; (e) decentralization of programme planning, management and follow-up; (f) extension and consolidation of the partnership system; and (g) strengthening of coordination between sectors and with other participants.

14. The programme for children in especially difficult circumstances is intended to (a) combat begging among the 50,000 talabah; (b) eliminate the exploitation of child labour in dangerous situations in urban areas; (c) socially reintegrate 10,000 street children; (d) facilitate positive change in the practices and behaviour of population groups and improve the data bank on target groups. The programme's main strategies are: (a) enhancement of capabilities among target groups and participants in the programme; (b) enforcement of child welfare legislation, and allocation of resources to social programmes; (c) promotion of responsible attitudes within target groups, and of community participation; (d) prevention of begging; (e) strengthening of family ties; (f) strengthening of partnership and synergy; (g) support for decentralization, involving local planning achieved through the strengthening of the decentralized structures of the Ministry of Social Affairs, which is responsible for the execution and follow-up of projects in respect of densely populated areas (the source of the problem of children in difficult circumstances); (h) extension and consolidation of partnership; and (i) strengthening of coordination between sectors and with other participants.

15. The communication and social mobilization programme will pursue the following objectives: (a) to discourage discriminatory socio-cultural values and to develop a culture conducive to gender equality; (b) to provide children and women with the knowledge and skills they need in order to improve their living conditions and social status; (c) to facilitate the allocation of increased resources; and (d) to curtail practices that are harmful to the health of women and of the girl child. The programme's main strategies are: (a) strengthening of interpersonal and mass communication; (b) empowerment of target groups through community participation; and (c) strengthening of the media's capacity to address issues concerning women and children and to mobilize various groups around these issues.

16. The objectives of the planning, follow-up and evaluation programme are (a) to enable social planners to make better use of statistical and research data banks in their decision-making; (b) to support the collection, analysis and dissemination of data concerning children and women, in order to publicize their situation and to advocate its improvement; and (c) generally speaking, to combat poverty by supporting the national anti-poverty programme. The programme's main strategies are: (a) training in techniques for data gathering, planning, follow-up and evaluation, and data analysis; and (b) empowering target groups by involving them in the identification of problems to be solved, the publication of survey results, the search for solutions and participation in activities.

BUDGET ESTIMATE

Estimated programme cooperation, 1997-2001 a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 900	10 000	11 900
Water supply and sanitation	1 000	9 000	10 000
Education	900	6 500	7 400
Children in especially difficult circumstances	708	3 000	3 708
Communication and social mobilization	225	2 000	2 225
Planning, follow-up and evaluation	335	1 500	1 855
Total	5 080	32 000	37 080

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.